

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-004179

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

551

1. PLACE OF DEATH  
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. Louis

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 1600 S. 14th St.Inside Limits  
Yes ☐ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTYc. CITY  
OR TOWN St. LouisInside Limits  
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)  
1600 S. 14th St.Reside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First August Middle Sues Last

4. DATE OF DEATH Jan 17 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

Jan 27 1983 79

9. AGE (last birthday)

79

10. IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Picture Framing

10b. KIND OF BUSINESS OR INDUSTRY

Famous-Bar

11. BIRTHPLACE (City and state or country)

St. Louis Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Bertha Sues

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes; no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

047

17. INFORMANT

Bertha Sues

Address

1600 S. 14th St.

18. CAUSE OF DEATH (Enter only one cause)  
PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

Coronary occlusion acute

INTERVAL BETWEEN ONSET AND DEATH

14

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic heart Disease

DUE TO (c)

4200

5 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

2/22/51

to 1-17-63

and last saw her him alive on Jan 10, 1963

Death occurred at

900

A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

R. Nachreiner

(Degree or title)

MD

22b. ADDRESS

4065 S. Grand

22c. DATE SIGNED

1-17-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

1-19-1963

23c. NAME OF CEMETERY OR CREMATORY

Sunset Bur Pk.

23d. LOCATION (City, town, or county)

St. Louis Mo.

(State)

24. FUNERAL DIRECTOR

Witt Mortuary

ADDRESS

4409 Gravois

25. DATE RECD. BY LOCAL REG.

JAN 18 1963

26. REGISTRAR'S SIGNATURE

Loan Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/59

1

2 223

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11

12 90-0

13 90

DATE AMENDED

DR. HACKNEY  
4065 S Grand

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*James Binkley*

Licensed Embalmer No.

*3653*

P. O. Address

*St Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.